



DEPARTMENT OF THE NAVY
OFFICE OF THE SECRETARY
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SECNAVINST 1740.5B
ASN (M&RA)
26 June 2019

SECNAV INSTRUCTION 1740.5B

From: Secretary of the Navy

Subj: DEPARTMENT OF THE NAVY RECOVERY COORDINATION PROGRAMS

Ref: (a) DoD Instruction 1300.24 of 1 December 2009
(b) DoD Instruction 6010.24 of 14 May 2015
(c) Memorandum of Understanding between Department of Veterans Affairs and Department of Defense for Interagency Complex Care Coordination Requirements for Service Members and Veterans, July 29, 2014 (NOTAL)
(d) SECNAVINST 5200.35G
(e) SECNAV M-5214.1

1. Purpose. To establish Department of the Navy (DON) policy and assign responsibilities for the implementation of Recovery Coordination Programs (RCP) in support of Navy and Marine Corps Recovering Service Members (RSM), their families and caregivers, pursuant to references (a) through (e).

2. Cancellation. SECNAVINST 1740.5A.

3. Applicability. Provisions of this instruction apply to all DON Active Duty and Reserve personnel, regular and reserve commands. Active Duty and Reserve personnel of other Department of Defense (DoD) components, Coast Guard and Navy personnel are managed and supported by Navy Wounded Warrior-Safe Harbor (NWW-SH), when assigned to DON commands. United States Marine Corps (USMC) personnel are managed and supported by the Wounded Warrior Regiment (WWR). An RSM is a member of the military services who is undergoing medical treatment, recuperation, or therapy and is in an inpatient or outpatient status, who incurred or aggravated a serious illness or injury in the line of duty, and who may be assigned to a temporary disability retired or permanent disability retired list due to the Military Department's disability evaluation system proceedings.

4. Background. The RCPs encompass both medical and non-medical elements. NWW-SH and WWR are strictly non-medical elements of the greater RCP and continuum of care. The Navy and Marine

Corps have a longstanding tradition and record of success in caring for the medical and non-medical needs of wounded, ill, and injured personnel and their families and caregivers. RSMs and their families and caregivers face many challenges in managing medical care activities and understanding the myriad of benefits, entitlements, and services available to them. This is compounded for family members who may have little knowledge of military programs and procedures, and relocate to support the RSM. In partnership with the Bureau of Medicine and Surgery and DON Family Programs, NWW-SH and WWR serve as the lead military recovery coordination organizations for managing and overseeing the delivery of the Department's continuum of care. DON RCPs maximize RSM, family and caregiver access to support services provided by DoD, other Federal, State, and local agencies, and non-profit associations and organizations by working in concert with interagency, intergovernmental, and public/private sector entities.

5. Policy. It is DON policy that, in addition to world class medical care, every RSM and, when applicable, their family members and caregivers, will be given individualized medical and non-medical assistance through all phases of recovery, rehabilitation, and reintegration. This assistance will be focused on improving the continuum of care process, non-medical support, disability processing, and transitional activities to the Department of Veterans Affairs when an RSM is found unfit to return to duty. Navy and Marine Corps RCPs were established to provide holistic assistance to the wounded, ill, and injured population. The programs will ensure conditions are maintained that are most conducive for a Service Member's recovery, rehabilitation, and community reintegration.

6. Responsibilities

a. Assistant Secretary of the Navy (Manpower and Reserve Affairs) (ASN (M&RA)) is responsible for overall policy control and oversight of the Navy and Marine Corps RCP. The Office of Military Manpower and Personnel will coordinate with DON RCPs annually regarding the development and review of metrics to ensure program improvement and enhanced customer support for Service Members, families, and caregivers.

b. The Chief of Naval Operations (CNO) and Commandant of the Marine Corps (CMC) are responsible for establishing and resourcing

RCPs that support RSMs, their families, and caregivers. This may include establishment of Wounded Warrior and Family Support Programs with command and control to manage training, supplying, maintaining, and supporting dedicated assets for program operations and oversight.

(1) Identify lead military recovery coordination organizations for managing and overseeing the delivery of the Department's continuum of care.

(2) Provide appropriately trained non-medical care managers, recovery care coordinators, transition coordinators, and other non-medical members of the recovery team to support RSM care management throughout the continuum of care.

(3) Maintain appropriate operational, tactical, and administrative control of their non-medical personnel to ensure execution of their roles and responsibilities.

(4) Ensure common operational model and processes are followed in support of the Department of Veterans Affairs and DoD complex care coordination processes, as outlined in references (c) and (d). Ensure RSMs requiring complex care coordination have an Interagency Comprehensive Plan and a designated Lead Coordinator overseeing delivery of care support.

(5) Coordinate, consult, and partner with interagency, intergovernmental, and public and/or private sector entities to maximize RSM, family and caregiver access to support services and resources provided by DoD, other Federal, State, and local agencies, veterans service and benefits organizations, non-profit, faith-based and community-based organizations, academic institutions, professional provider associations, and private philanthropic groups.

(6) Each service will develop execution policy and procedures to ensure optimal provision of services and resources for family members of RSMs. These services and resources will be coordinated among the Wounded Warrior and Family Support Programs.

(7) Service RCPs will develop metrics to ensure continued program development, enhanced customer satisfaction, and must comply with references (a) through (e). Annual reports for Service RCPs will be submitted to ASN (M&RA) no later than 15

November of each year for the preceding fiscal year. Additionally, NWW-SH and WWR will provide a monthly population demographic/executive summary that provides a graphic illustration of the RSM population.

c. The Surgeon General of the Navy will, pursuant to reference (a), enclosure (3), paragraph (1), establish policies and procedures in support of Service WWPs, RSMs, families and caregivers.

7. Action. The CNO and CMC will take appropriate action to implement the provisions of this instruction.

8. Internal Controls. Per reference (d), the establishment and use of internal controls and accounting procedures are mandated to ensure: effectiveness and efficiency of operations; reliability of financial reporting; and compliance with applicable laws and regulations. Additionally, as part of the annual Manager's Internal Control Program report, the Office of the CNO will provide the ASN (M&RA) with copies of reports that are relevant to RCP. The reports will include summary descriptions of internal controls used, their sufficiency, and any identified weaknesses or deficiencies.

9. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned according to the records disposition schedules found on the Directives and Records Management Division (DRMD) portal page:

<https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/SitePages/Home.aspx>

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local Records Manager or the DRMD program office.

10. Reports. The reporting requirement contained in paragraph 6b(7) is exempt from information collection control, per reference (e), Part IV, paragraph 7n.



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